

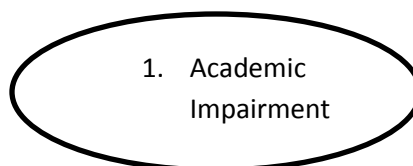
## Waller ISD Criteria for Specific Learning Disabilities

OK, let's start with "The Law". The Individuals with Disabilities Education Act (or IDEA) is basically our rule book. Based on IDEA, we have federal regulations that help guide our practices in Special Education. And in chapter 34 of the Code of Federal Regulations (specifically 300.309(a)(2)(ii)) states that the requirement for a Specific learning disability eligibility condition is a pattern of strengths and weaknesses (or "PSW") that is relevant to the identification of a specific learning disability (or "SLD"). I know that is a mouthful. And there are millions of patterns, so what pattern IS relevant for identifying SLD?!

Waller ISD has adopted the Modern Operational Definition and the "Dual Discrepancy/Consistency Model" of SLD (both of which are featured in Flanagan, D.P., Ortiz, S.O., & Alfonso, V.C. (2013) *Essentials of Cross-Battery Assessment 3<sup>rd</sup> edition*, Wiley and Sons). This model is widely accepted as a best practice in the identification of SLD and is based on a whole lot of literature and research (e.g., Kavale & Forness, 2000; Kavale et al., 2009; Berninger, 2001; Feifer 2012; Fletcher-Janzen & et al., 2001; Geary, Hoard, & Bailey, 2001; Hale & Fiorello, 2004; Hale et al., 2011; McClosky et al., 2012; Naglieri, 2011; Reynolds & Shaywitz, 2009; Siegal, 199; Stanovich, 1999; Vellutino, Scanlon, & Lyon, 2000). This is the model we are using to determine a PSW for SLD.

It can be fairly complicated, but I will attempt to simplify it as much as possible! For starters, there are six (6) diagnostic markers for an SLD PSW, and each one of them is a necessary but not sufficient requirement. That means that you need each and every one of them to have a PSW.

1. **A significant academic impairment.** The child needs to have significant difficulties in an academic area of eligibility, based on a variety of sources. Our tests are an important source, but we also have to consider other reliable sources of data. This is more than grades and STAAR. We have to find significant difficulties above and beyond reported poor performance. A student may be doing poorly in class for a variety of reasons, and ONE of those reasons is an academic impairment. This impairment is relative to grade-level expectations and abilities, not their other abilities. The more data that can be considered for this the better. If the diagnostician's measures are "borderline", the more data the better in helping them determine this requirement. Plus, the more specific the referral concern, the more likely they are to actually measure that specific area. A referral for "struggling in all areas" does not lend itself for specific assessment, but "Comprehension related to poor reasoning" is likely to lead to the selection of measures that directly tap into that area.



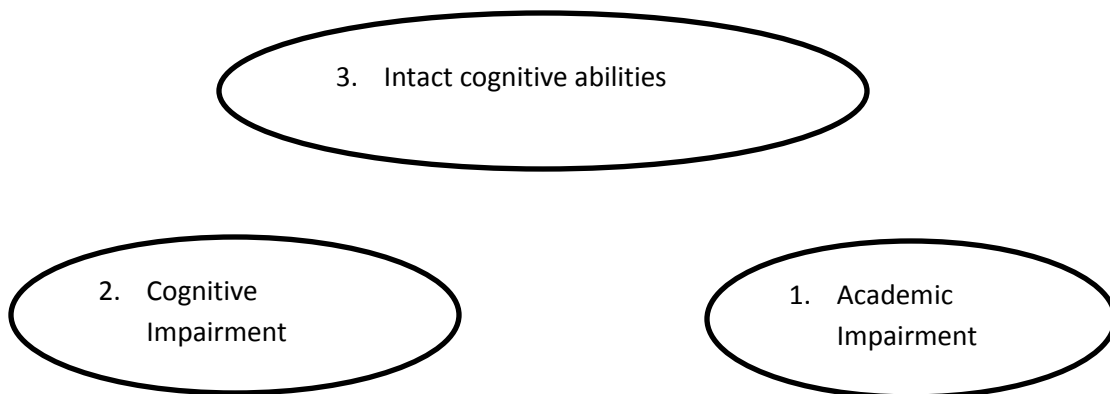
2. **A significant cognitive impairment.** Also in the IDEA regulations, SLD is defined as "A disorder in one or more of the basic psychological processes" (300.8(c)(10)(i)). To do this, we look at seven broad cognitive areas according to the CHC theory of human cognitive abilities; Fluid Reasoning, Crystallized Intelligence,

Short-Term Memory, Long-Term Retrieval, Visual Processing, Auditory Processing, and Processing Speed. As in #1, we are also looking for what are called “converging data sources”, in that our results are supported by “real-world” data and information. Again, this makes referral information quite important as we have to support our findings with other data sources.



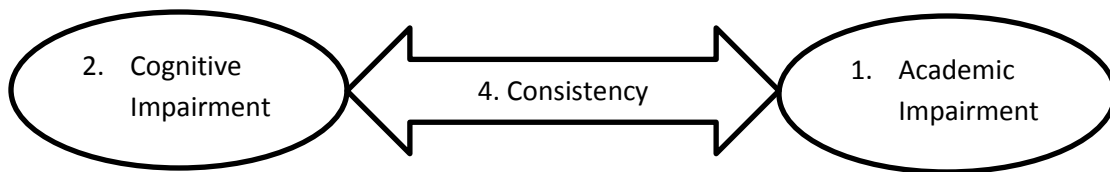
3. **Generally average ability to think and reason.** A specific learning disability is exactly that, “Specific”. It is not general. The notion that individuals with SLD are of generally average or better overall cognitive ability has been written about for decades. Current definitions of SLD also recognize the importance of generally average or better ability as a characteristic of individuals with SLD. By failing to differentially diagnose SLD from other conditions that impede learning, such as intellectual disability and overall below average ability to learn and achieve, the SLD construct loses its meaning and there is a tendency to accept anyone under the SLD rubric who has learning difficulties for reasons other than specific cognitive dysfunction. “Slow Learner” has never been an eligibility category. Instead, generally speaking, a student with SLD ought to be able to perform academically at a level that is close to their typically achieving peers when provided with individualized instruction as well as appropriate accommodations, curricular modifications, and the like. In addition, for a student with SLD to reach performances that approximate their nondisabled peers, they must possess the ability to learn compensatory strategies and apply them independently, which often requires higher-level thinking and reasoning. For an individual to succeed in bypassing or minimizing the effects of SLD in the educational setting to the point of achieving at or close to grade level, overall average cognitive or intellectual ability is very likely required.

Determining this marker is a very complex and difficult process. Specific software tools are utilized for this, but in the end the team **MUST** determine that overall, the student has generally average ability to think and reason. This could also be evidenced by typical performance in areas outside of those under consideration for SLD.

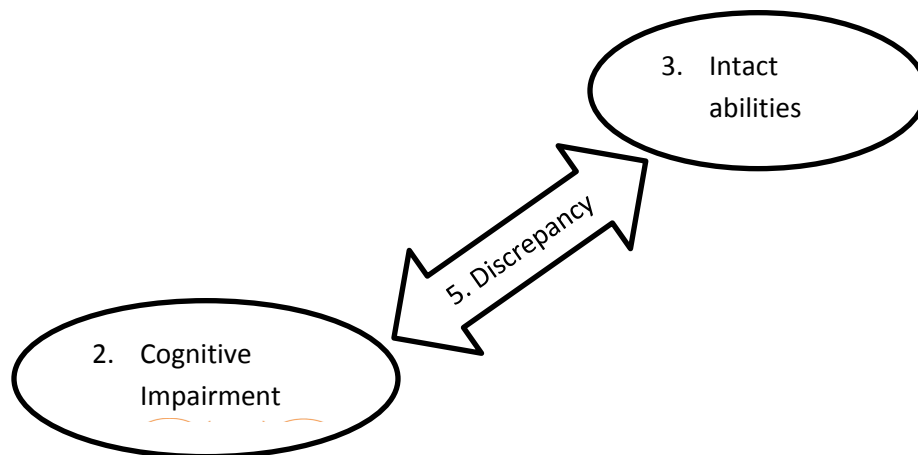


4. **Consistency between academic and cognitive impairments.** To put it simply, this is where we make the determination that the cognitive impairment (#2) is the likely primary cause of the academic impairment (#1). This takes a fairly intensive review of research in determining cognitive markers for SLD. For example, if a student has an impairment in Fluid Reasoning (#2) and an impairment in Basic Reading (#1), current research DOES NOT support a linkage between those two. Nowhere in the data and literature has Fluid Reasoning been shown to correlate with Basic Reading Skills. Reading Comprehension, maybe. But not Basic Reading Skills. In that situation, this diagnostic marker would not be present and a student would NOT be found to have a Specific Learning Disability in Basic Reading.

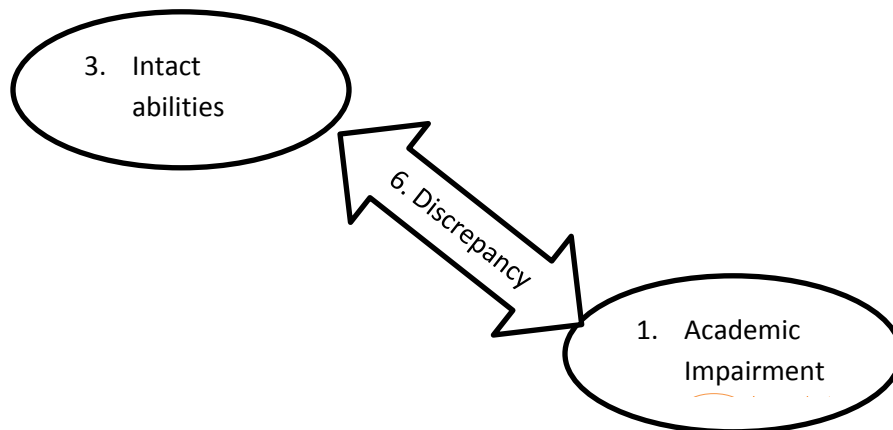
However, a deficit in Auditory Processing COULD be a likely cause of an impairment in Basic Reading Skills as research and data strongly support a linkage between those two areas. This consistency would be further supported by classroom data and evidence pointing towards this as the primary cause (i.e., problems with blending sounds and rhyming). Again this shows the importance of specific referral information and classroom data.



5. **The cognitive impairment is domain specific.** SLD has been described as a condition that is domain specific; it is a vertical problem and not a horizontal one. OK, what this means is that the cognitive impairment (#2) is really different than the other cognitive areas; it stands out. Basically we see if the cognitive impairment is significantly different from the intact abilities and the degree of the difference is rare and unusual.

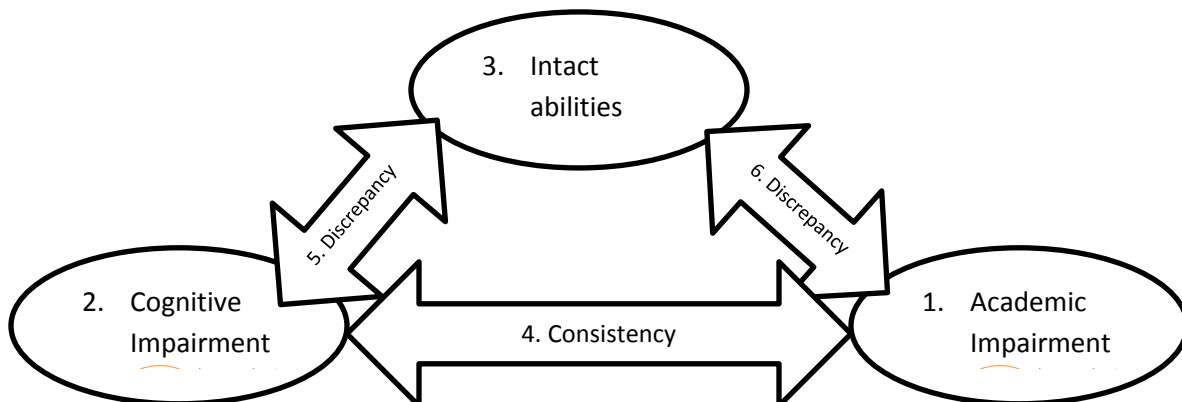


**6. Evidence of unexpected underachievement.** The idea of “unexpected underachievement” has been around as long as the idea of SLD; it is the hallmark of this condition. “Man, he really should be doing so much better but for some reason he is not!” This is the requirement here, that the area of academic impairment is really different (significant and rare) than you would expect considering the overall cognitive ability of the student.



OK, in summary, to have a PSW that indicates SLD, there are six diagnostic markers, all of which **MUST** be present to satisfy the eligibility requirements for the SLD disability condition;

1. Academic impairment
2. Cognitive impairment
3. Generally average ability to think and reason
4. Consistency between academic and cognitive impairments
5. Domain-specific cognitive impairment
6. Unexpected underachievement



## **Role of the Evaluation Team**

It is important to realize the roles that people play in the determination of SLD. The diagnostician/LSSP is there because they are trained to interpret test results. They are the ones that go to training and research methods of determining SLD. We know tests and what they measure. While our standardized tests do provide a lot of necessary information (i.e., they are relatively pure measures, given in a standardized manner, and results are compared to similar students across the country), they are not the final verdicts when it comes to answering those requirements.

Teachers provide a wealth of “ecological” data and information that far exceeds the information that we can get from standardized measures. While diagnosticians may get “pure” and “reliable” data, it is obtained in short bursts and sometimes is a bit tough to generalize to the “real world”. That is where the referral and re-evaluation from teacher comes in. The more data that you can give the diagnostician, the more likely they are to find an impairment if there is one. We have tons of tests and each one of them measures abilities in a slightly different manner. We have loads of Reading Comprehension tests, but some emphasize vocabulary, some reasoning, some inferential reasoning, etc. If you are sick and go to the doctor, the more information that you can provide, the more likely they are to at least have an idea on where to start looking.

These diagnostic markers for the identification are required, but we can and should use a variety of data sources in figuring out where the student falls on each one of them. Your diagnostician should be able to tell you if a student appears to have the pattern or not and if not, which marker was not present. Remember, the more data you can provide the more accurate we can all be in making this determination.